



NEW JERSEY STATE MUSEUM
ARCHAEOLOGICAL SITE REGISTRATION PROGRAM
BUREAU OF ARCHAEOLOGY & ETHNOLOGY
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Ph.(609) 292-8594; Fx.(609) 292-7636

SITE NAME: _____ SITE NO.: 28- _____

NJ State Atlas Coordinates _____

USGS 7.5 Minute Series Quad. Name _____

UTM Coordinates (required) _____

County: _____ Township: _____

Location (descriptive): _____

Period of Site _____

Type of Site: (historic/prehistoric) _____

Cultural affiliation(s) (if known): _____

Owner's (Tenant's) Name: _____

Address _____

Phone: _____

Attitude toward preservation: _____

Surface Features: _____

Prominent Landmarks: _____

Vegetation Cover: _____

Nearest Water Source: _____ Distance: _____

Soil Type:: _____ Erosion: _____

Stratified (if known): _____

Threat of Destruction (if known): _____

PREVIOUS WORK (list below):

By Whom	Date	Collection Stored	Previous Designation
1.			
2.			
3.			

(attach additional sheets if necessary)

Recorder's Name: _____

Address _____

Phone: _____

Collection Stored: _____

Date recorder at site: _____

Sketch Map of the Site:

Indicate the chief topological features, such as streams, swamps, shorelines, and elevations (approx). Also show buildings and roads. Indicate the site location by enclosing the site area with a dotted line. Use a scale (approx) to indicate distance and dimensions.

↑
North



Scale: _____

Observations, Remarks, or Recommendations:

References:

Unpublished	Approx. Date	Published	Date
1.		1.	
2.		2.	
3.		3.	
4.		4.	
(attach additional sheets if necessary)			

Revised 2004